



HEALTH QUARTERLY STATEMENT

AS OF SEPTEMBER 30, 2010  
OF THE CONDITION AND AFFAIRS OF THE

UnitedHealthcare of Arkansas, Inc.

NAIC Group Code07070707NAIC Company Code95446Employer's ID Number63-1036819

(Current)(Prior)

Organized under the Laws ofArkansas, State of Domicile or Port of EntryArkansas

Country of DomicileUnited States of America

Licensed as business type:Health Maintenance Organization

Is HMO Federally Qualified? Yes [ ] No [ X ]

Incorporated/Organized09/27/1990Commenced Business04/01/1992

Statutory Home Office1401 Capitol Ave. 3rd Floor, Ste 375Little Rock , AR 72205

(Street and Number)(City or Town, State and Zip Code)

Main Administrative Office1401 Capitol Ave. 3rd Floor, Ste 375

(Street and Number)

Little Rock , AR 72205501-664-7700

(City or Town, State and Zip Code)(Area Code) (Telephone Number)

Mail Address9900 Bren Road East MN008-W345Minnetonka , MN 55343

(Street and Number or P.O. Box)(City or Town, State and Zip Code)

Primary Location of Books and Records9900 Bren Road East MN008-W345

(Street and Number)

Minnetonka , MN 55343952-936-1223

(City or Town, State and Zip Code)(Area Code) (Telephone Number)

Internet Web Site Addresswww.uhc.com

Statutory Statement ContactDaynita Marie Smith952-936-1223

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OFFICERS

President/Chief Executive OfficerGregory David ReidyVice President/Regulatory Controller/Assistant TreasurerNyle Brent Cottingham

Assistant SecretaryMichelle Marie Huntley Dill

OTHER OFFICERS

Robert Worth OberrenderTreasurerJohn Joseph MatthewsSecretaryTimothy Gilbert CaronAssistant Secretary

Stephen Lewis Wilson Jr.Chief Financial OfficerJuanita Valarae Bolland LuisAssistant Secretary

DIRECTORS

Gregory David ReidyRobert James FriedrichsDaniel Martin Cole

State ofTennesseeState ofMinnesotaState ofMinnesota

County ofWilliamsonCounty ofHennepinCounty ofHennepin

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Gregory David ReidyMichelle Marie Huntley DillNyle Brent Cottingham

President/Chief Executive OfficerAssistant SecretaryVice President/Regulatory Controller/Assistant Treasurer

Subscribed and sworn to before me thisSubscribed and sworn to before me thisSubscribed and sworn to before me this

day ofday ofday of

- a. Is this an original filing?..... Yes [ X ] No [ ]
- b. If no,
1. State the amendment number.....
2. Date filed.....
3. Number of pages attached.....

ASSETS

	Current Statement Date			4 Prior Year Net Admitted Assets
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols. 1 - 2)	
1. Bonds .....	300,532		300,532	300,784
2. Stocks:				
2.1 Preferred stocks .....			0	0
2.2 Common stocks .....			0	0
3. Mortgage loans on real estate:				
3.1 First liens .....			0	0
3.2 Other than first liens.....			0	0
4. Real estate:				
4.1 Properties occupied by the company (less \$ ..... encumbrances) .....			0	0
4.2 Properties held for the production of income (less \$ ..... encumbrances) .....			0	0
4.3 Properties held for sale (less \$ ..... encumbrances) .....			0	0
5. Cash (\$ .....7,915,652 ), cash equivalents (\$ ..... ), and short-term investments (\$ .....1,786,872 ) .....	9,702,524		9,702,524	8,060,686
6. Contract loans (including \$ ..... premium notes) .....			0	0
7. Derivatives .....			0	0
8. Other invested assets .....			0	0
9. Receivables for securities .....	0		0	0
10. Aggregate write-ins for invested assets .....	0	0	0	0
11. Subtotals, cash and invested assets (Lines 1 to 10) .....	10,003,056	0	10,003,056	8,361,470
12. Title plants less \$ ..... charged off (for Title insurers only) .....			0	0
13. Investment income due and accrued .....	4,802		4,802	1,260
14. Premiums and considerations:				
14.1 Uncollected premiums and agents' balances in the course of collection .....	169,314	5,080	164,234	53,293
14.2 Deferred premiums, agents' balances and installments booked but deferred and not yet due (including \$ ..... earned but unbilled premiums) .....			0	0
14.3 Accrued retrospective premiums .....	0		0	0
15. Reinsurance:				
15.1 Amounts recoverable from reinsurers .....			0	0
15.2 Funds held by or deposited with reinsured companies .....			0	0
15.3 Other amounts receivable under reinsurance contracts .....			0	0
16. Amounts receivable relating to uninsured plans .....	15,614		15,614	24,094
17.1 Current federal and foreign income tax recoverable and interest thereon .....	0		0	0
17.2 Net deferred tax asset .....	35,216		35,216	313,353
18. Guaranty funds receivable or on deposit .....			0	0
19. Electronic data processing equipment and software .....			0	0
20. Furniture and equipment, including health care delivery assets (\$ ..... ) .....			0	0
21. Net adjustment in assets and liabilities due to foreign exchange rates .....			0	0
22. Receivables from parent, subsidiaries and affiliates .....	51,912		51,912	14,306
23. Health care (\$ .....151,144 ) and other amounts receivable .....	169,326	18,182	151,144	74,977
24. Aggregate write-ins for other than invested assets .....	149,007	3,519	145,488	236,030
25. Total assets excluding Separate Accounts, Segregated Accounts and Protected Cell Accounts (Lines 11 to 24) .....	10,598,247	26,781	10,571,466	9,078,783
26. From Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			0	0
27. Total (Lines 25 and 26)	10,598,247	26,781	10,571,466	9,078,783
DETAILS OF WRITE-INS				
1001. ....				
1002. ....				
1003. ....				
1098. Summary of remaining write-ins for Line 10 from overflow page .....	0	0	0	0
1099. Totals (Lines 1001 through 1003 plus 1098)(Line 10 above) .....	0	0	0	0
2401. Premium taxes paid in advance .....	145,488		145,488	236,030
2402. Prepaid expense .....	1,109	1,109	0	0
2403. Miscellaneous receivable .....	2,410	2,410	0	
2498. Summary of remaining write-ins for Line 24 from overflow page .....	0	0	0	0
2499. Totals (Lines 2401 through 2403 plus 2498)(Line 24 above) .....	149,007	3,519	145,488	236,030

LIABILITIES, CAPITAL AND SURPLUS

	Current Period			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
1. Claims unpaid (less \$ ..... reinsurance ceded) .....	2,361,656		2,361,656	2,045,603
2. Accrued medical incentive pool and bonus amounts .....	1,776		1,776	1,031
3. Unpaid claims adjustment expenses .....	42,107		42,107	32,472
4. Aggregate health policy reserves .....	20,762		20,762	786,829
5. Aggregate life policy reserves .....			0	0
6. Property/casualty unearned premium reserve .....			0	0
7. Aggregate health claim reserves .....	28,234		28,234	55,152
8. Premiums received in advance .....	222,154		222,154	163,903
9. General expenses due or accrued .....	82,385		82,385	114,709
10.1 Current federal and foreign income tax payable and interest thereon (including \$ .....877 on realized gains (losses)) .....	435,178		435,178	252,403
10.2 Net deferred tax liability .....	0		0	0
11. Ceded reinsurance premiums payable .....	1,915		1,915	1,442
12. Amounts withheld or retained for the account of others.....	0		0	0
13. Remittances and items not allocated .....	955		955	395
14. Borrowed money (including \$ ..... current) and interest thereon \$ ..... (including \$ ..... current) .....			0	0
15. Amounts due to parent, subsidiaries and affiliates .....	136,916		136,916	300,876
16. Derivatives .....			0	0
17. Payable for securities .....	0		0	0
18. Funds held under reinsurance treaties (with \$ ..... authorized reinsurers and \$ ..... unauthorized reinsurers) .....			0	0
19. Reinsurance in unauthorized companies .....			0	0
20. Net adjustments in assets and liabilities due to foreign exchange rates .....			0	0
21. Liability for amounts held under uninsured plans .....	0		0	0
22. Aggregate write-ins for other liabilities (including \$ ..... current) .....	955	0	955	944
23. Total liabilities (Lines 1 to 22) .....	3,334,993	0	3,334,993	3,755,758
24. Aggregate write-ins for special surplus funds .....	XXX	XXX	0	0
25. Common capital stock .....	XXX	XXX	100,000	100,000
26. Preferred capital stock .....	XXX	XXX		
27. Gross paid in and contributed surplus .....	XXX	XXX	5,470,954	5,470,954
28. Surplus notes .....	XXX	XXX		0
29. Aggregate write-ins for other than special surplus funds .....	XXX	XXX	0	0
30. Unassigned funds (surplus) .....	XXX	XXX	1,665,519	(247,929)
31. Less treasury stock, at cost:				
31.1 ..... shares common (value included in Line 25 \$ ..... ) .....	XXX	XXX		
31.2 ..... shares preferred (value included in Line 26 \$ ..... ) .....	XXX	XXX		
32. Total capital and surplus (Lines 24 to 30 minus Line 31) .....	XXX	XXX	7,236,473	5,323,025
33. Total liabilities, capital and surplus (Lines 23 and 32)	XXX	XXX	10,571,466	9,078,783
DETAILS OF WRITE-INS				
2201. Unclaimed property .....	955		955	944
2202. ....				
2203. ....				
2298. Summary of remaining write-ins for Line 22 from overflow page .....	0	0	0	0
2299. Totals (Lines 2201 through 2203 plus 2298)(Line 22 above)	955	0	955	944
2401. ....	XXX	XXX		
2402. ....	XXX	XXX		
2403. ....	XXX	XXX		
2498. Summary of remaining write-ins for Line 24 from overflow page .....	XXX	XXX	0	0
2499. Totals (Lines 2401 through 2403 plus 2498)(Line 24 above)	XXX	XXX	0	0
2901. ....	XXX	XXX		
2902. ....	XXX	XXX		
2903. ....	XXX	XXX		
2998. Summary of remaining write-ins for Line 29 from overflow page .....	XXX	XXX	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above)	XXX	XXX	0	0

STATEMENT OF REVENUE AND EXPENSES

	Current Year To Date		Prior Year To Date	Prior Year Ended December 31
	1 Uncovered	2 Total	3 Total	4 Total
1. Member Months .....	XXX	33,873	31,551	40,951
2. Net premium income ( including \$ ..... non-health premium income).....	XXX	17,357,399	13,851,620	18,172,094
3. Change in unearned premium reserves and reserve for rate credits.....	XXX	44,068	30,248	(72,735)
4. Fee-for-service (net of \$ ..... medical expenses) .....	XXX			0
5. Risk revenue .....	XXX			0
6. Aggregate write-ins for other health care related revenues .....	XXX	0	0	0
7. Aggregate write-ins for other non-health revenues .....	XXX	0	0	0
8. Total revenues (Lines 2 to 7) .....	XXX	17,401,467	13,881,869	18,099,359
<b>Hospital and Medical:</b>				
9. Hospital/medical benefits .....		10,833,657	9,559,330	11,935,161
10. Other professional services .....		35,993	17,998	28,988
11. Outside referrals .....				0
12. Emergency room and out-of-area .....				0
13. Prescription drugs .....		1,636,413	1,628,115	2,016,899
14. Aggregate write-ins for other hospital and medical .....	0	0	0	0
15. Incentive pool, withhold adjustments and bonus amounts .....		1,212		1,031
16. Subtotal (Lines 9 to 15) .....	0	12,507,275	11,205,444	13,982,080
<b>Less:</b>				
17. Net reinsurance recoveries .....				0
18. Total hospital and medical (Lines 16 minus 17) .....	0	12,507,275	11,205,444	13,982,080
19. Non-health claims (net) .....				
20. Claims adjustment expenses, including \$ .....83,272 cost containment expenses .....		367,057	339,521	408,847
21. General administrative expenses .....	0	2,392,102	2,016,911	2,664,443
22. Increase in reserves for life and accident and health contracts (including \$ ..... increase in reserves for life only) .....		(722,000)	(457,000)	183,000
23. Total underwriting deductions (Lines 18 through 22).....	0	14,544,434	13,104,876	17,238,370
24. Net underwriting gain or (loss) (Lines 8 minus 23) .....	XXX	2,857,032	776,992	860,990
25. Net investment income earned .....		11,551	19,649	23,978
26. Net realized capital gains (losses) less capital gains tax of \$ .....877 .....		1,630		
27. Net investment gains (losses) (Lines 25 plus 26) .....	0	13,181	19,649	23,978
28. Net gain or (loss) from agents' or premium balances charged off [(amount recovered \$ ..... ) (amount charged off \$ ..... )]. .....				
29. Aggregate write-ins for other income or expenses .....	0	0	0	0
30. Net income or (loss) after capital gains tax and before all other federal income taxes (Lines 24 plus 27 plus 28 plus 29) .....	XXX	2,870,213	796,642	884,968
31. Federal and foreign income taxes incurred .....	XXX	751,304	121,959	364,533
32. Net income (loss) (Lines 30 minus 31) .....	XXX	2,118,909	674,683	520,435
<b>DETAILS OF WRITE-INS</b>				
0601. ....	XXX			
0602. ....	XXX			
0603. ....	XXX			
0698. Summary of remaining write-ins for Line 6 from overflow page .....	XXX	0	0	0
0699. Totals (Lines 0601 through 0603 plus 0698)(Line 6 above) .....	XXX	0	0	0
0701. ....	XXX			
0702. ....	XXX			
0703. ....	XXX			
0798. Summary of remaining write-ins for Line 7 from overflow page .....	XXX	0	0	0
0799. Totals (Lines 0701 through 0703 plus 0798)(Line 7 above) .....	XXX	0	0	0
1401. ....				
1402. ....				
1403. ....				
1498. Summary of remaining write-ins for Line 14 from overflow page .....	0	0	0	0
1499. Totals (Lines 1401 through 1403 plus 1498)(Line 14 above) .....	0	0	0	0
2901. ....				
2902. ....				
2903. ....				
2998. Summary of remaining write-ins for Line 29 from overflow page .....	0	0	0	0
2999. Totals (Lines 2901 through 2903 plus 2998)(Line 29 above) .....	0	0	0	0



STATEMENT OF REVENUE AND EXPENSES (Continued)

	1 Current Year to Date	2 Prior Year to Date	3 Prior Year Ended December 31
CAPITAL AND SURPLUS ACCOUNT			
33. Capital and surplus prior reporting year.....	5,323,026	4,804,656	4,804,656
34. Net income or (loss) from Line 32 .....	2,118,909	674,683	520,435
35. Change in valuation basis of aggregate policy and claim reserves .....			
36. Change in net unrealized capital gains (losses) less capital gains tax of \$ .....			
37. Change in net unrealized foreign exchange capital gain or (loss) .....			
38. Change in net deferred income tax .....	(278,137)	(201,311)	35,391
39. Change in nonadmitted assets .....	72,675	125,005	55,432
40. Change in unauthorized reinsurance .....	0	0	0
41. Change in treasury stock .....	0	0	0
42. Change in surplus notes .....	0	0	0
43. Cumulative effect of changes in accounting principles.....			
44. Capital Changes:			
44.1 Paid in .....	0	0	0
44.2 Transferred from surplus (Stock Dividend).....	0	0	0
44.3 Transferred to surplus.....			
45. Surplus adjustments:			
45.1 Paid in .....	0	0	0
45.2 Transferred to capital (Stock Dividend) .....			
45.3 Transferred from capital .....			
46. Dividends to stockholders .....			
47. Aggregate write-ins for gains or (losses) in surplus .....	0	(92,900)	(92,888)
48. Net change in capital & surplus (Lines 34 to 47) .....	1,913,447	505,477	518,370
49. Capital and surplus end of reporting period (Line 33 plus 48)	7,236,473	5,310,133	5,323,026
DETAILS OF WRITE-INS			
4701. Corrections subsequent to issuance of the 2008 annual statement .....		(92,900)	(92,888)
4702. ....			
4703. ....			
4798. Summary of remaining write-ins for Line 47 from overflow page .....	0	0	0
4799. Totals (Lines 4701 through 4703 plus 4798)(Line 47 above)	0	(92,900)	(92,888)

CASH FLOW

	1 Current Year To Date	2 Prior Year To Date	3 Prior Year Ended December 31
<b>Cash from Operations</b>			
1. Premiums collected net of reinsurance .....	17,302,105	13,325,872	18,257,750
2. Net investment income .....	8,150	16,348	24,597
3. Miscellaneous income .....	0	0	0
4. Total (Lines 1 to 3) .....	17,310,255	13,342,220	18,282,346
5. Benefit and loss related payments .....	12,299,750	10,589,202	14,519,014
6. Net transfers to Separate Accounts, Segregated Accounts and Protected Cell Accounts .....			
7. Commissions, expenses paid and aggregate write-ins for deductions .....	2,773,258	2,368,234	3,199,107
8. Dividends paid to policyholders .....			
9. Federal and foreign income taxes paid (recovered) net of \$ .....877 tax on capital gains (losses) .....	569,406	735,024	628,919
10. Total (Lines 5 through 9) .....	15,642,414	13,692,460	18,347,039
11. Net cash from operations (Line 4 minus Line 10) .....	1,667,841	(350,240)	(64,693)
<b>Cash from Investments</b>			
12. Proceeds from investments sold, matured or repaid:			
12.1 Bonds .....	0	0	0
12.2 Stocks .....	0	0	0
12.3 Mortgage loans .....	0	0	0
12.4 Real estate .....	0	0	0
12.5 Other invested assets .....	0	0	0
12.6 Net gains or (losses) on cash, cash equivalents and short-term investments .....	0	0	0
12.7 Miscellaneous proceeds .....	2,507	0	0
12.8 Total investment proceeds (Lines 12.1 to 12.7) .....	2,507	0	0
13. Cost of investments acquired (long-term only):			
13.1 Bonds .....	0	0	0
13.2 Stocks .....	0	0	0
13.3 Mortgage loans .....	0	0	0
13.4 Real estate .....	0	0	0
13.5 Other invested assets .....	0	0	0
13.6 Miscellaneous applications .....	0	0	0
13.7 Total investments acquired (Lines 13.1 to 13.6) .....	0	0	0
14. Net increase (or decrease) in contract loans and premium notes .....	0	0	0
15. Net cash from investments (Line 12.8 minus Line 13.7 and Line 14) .....	2,507	0	0
<b>Cash from Financing and Miscellaneous Sources</b>			
16. Cash provided (applied):			
16.1 Surplus notes, capital notes .....	0	0	0
16.2 Capital and paid in surplus, less treasury stock .....	0	0	0
16.3 Borrowed funds .....	0	0	0
16.4 Net deposits on deposit-type contracts and other insurance liabilities .....	0	0	0
16.5 Dividends to stockholders .....	0	0	0
16.6 Other cash provided (applied) .....	(28,510)	348,630	467,853
17. Net cash from financing and miscellaneous sources (Line 16.1 through Line 16.4 minus Line 16.5 plus Line 16.6) .....	(28,510)	348,630	467,853
<b>RECONCILIATION OF CASH, CASH EQUIVALENTS AND SHORT-TERM INVESTMENTS</b>			
18. Net change in cash, cash equivalents and short-term investments (Line 11, plus Lines 15 and 17) ..	1,641,838	(1,610)	403,160
19. Cash, cash equivalents and short-term investments:			
19.1 Beginning of year .....	8,060,686	7,657,526	7,657,526
19.2 End of period (Line 18 plus Line 19.1) .....	9,702,524	7,655,916	8,060,686

Note: Supplemental disclosures of cash flow information for non-cash transactions:

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EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION

	1  Total	Comprehensive (Hospital & Medical)		4  Medicare Supplement	5  Vision Only	6  Dental Only	7  Federal Employees Health Benefit Plan	8  Title XVIII Medicare	9  Title XIX Medicaid	10  Other
		2  Individual	3  Group							
Total Members at end of:										
1. Prior Year .....	3,166	4	2,484	0	0	0	0	678	0	0
2. First Quarter .....	3,733	5	2,407					1,321		
3. Second Quarter .....	3,798	5	2,396					1,397		
4. Third Quarter .....	3,745	6	2,287					1,452		
5. Current Year	0									
6. Current Year Member Months	33,873	49	21,439					12,385		
Total Member Ambulatory Encounters for Period:										
7. Physician .....	38,367	58	19,047					19,262		
8. Non-Physician .....	7,383	4	1,291					6,088		
9. Total	45,750	62	20,338	0	0	0	0	25,350	0	0
10. Hospital Patient Days Incurred	2,426	35	423					1,968		
11. Number of Inpatient Admissions	382	2	88					292		
12. Health Premiums Written (a) .....	17,374,766	25,827	8,621,556					8,727,383		
13. Life Premiums Direct .....	0									
14. Property/Casualty Premiums Written .....	0									
15. Health Premiums Earned .....	17,418,834	26,365	8,626,065					8,766,404		
16. Property/Casualty Premiums Earned .....	0									
17. Amount Paid for Provision of Health Care Services.....	12,299,751	16,723	5,759,276					6,523,752		
18. Amount Incurred for Provision of Health Care Services	12,507,275	15,322	5,259,312					7,232,641		

(a) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ 8,727,383

## CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

UNDERWRITING AND INVESTMENT EXHIBIT

ANALYSIS OF CLAIMS UNPAID - PRIOR YEAR - NET OF REINSURANCE

Line of Business	Claims Paid Year to Date		Liability End of Current Quarter		5  Claims Incurred in Prior Years (Columns 1 + 3)	6  Estimated Claim Reserve and Claim Liability December 31 of Prior Year
	1  On Claims Incurred Prior to January 1 of Current Year	2  On Claims Incurred During the Year	3  On Claims Unpaid Dec. 31 of Prior Year	4  On Claims Incurred During the Year		
1. Comprehensive (hospital and medical) .....	643,104	5,132,894	53,803	770,461	696,907	1,308,316
2. Medicare Supplement .....					0	0
3. Dental Only .....					0	0
4. Vision Only .....					0	0
5. Federal Employees Health Benefits Plan .....					0	0
6. Title XVIII - Medicare .....	798,712	5,724,573	54,709	1,510,916	853,421	792,438
7. Title XIX - Medicaid .....					0	0
8. Other health .....					0	0
9. Health subtotal (Lines 1 to 8) .....	1,441,816	10,857,467	108,512	2,281,377	1,550,328	2,100,754
10. Healthcare receivables (a) .....	693	148,696		19,937	693	86,970
11. Other non-health .....					0	0
12. Medical incentive pools and bonus amounts .....	467		683	1,094	1,150	1,031
13. Totals	1,441,590	10,708,771	109,195	2,262,534	1,550,785	2,014,815

(a) Excludes \$ 0 loans or advances to providers not yet expensed.

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## **NOTES TO FINANCIAL STATEMENTS**

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### **Note 1 - Summary of Significant Accounting Policies**

#### **A. Accounting Practices**

The financial statements of UnitedHealthcare of Arkansas, Inc. (Company) are presented on the basis of accounting practices prescribed or permitted by the Arkansas Insurance Department (Department).

The Department recognizes only statutory accounting practices, prescribed or permitted by the State of Arkansas for determining and reporting the financial condition and results of operations of a health maintenance organization, for determining its solvency under Arkansas Insurance Law. The state prescribes the use of the National Association of Insurance Commissioners' (NAIC) Accounting Practices and Procedures manual (NAIC SAP) in effect for the accounting periods covered in the financial statement.

1-8. No significant differences exist between the statutory practices prescribed or permitted by the State of Arkansas and those prescribed or permitted by the NAIC SAP which would materially affect the statutory basis capital and surplus.

### **Note 2 - Accounting Changes and Corrections of Errors**

No significant change.

### **Note 3 - Business Combinations and Goodwill**

No significant change.

### **Note 4 - Discontinued Operations**

No significant change

### **Note 5 – Investments**

A. No significant change.

B. No significant change.

C. No significant change.

D. Loan-Backed Securities

2) Prepayment assumptions for single class and multi-class mortgage-backed/asset-backed securities were obtained from an external data source vendor.

4) &5) Through September 30, 2010, there were no other-than-temporary impairments on mortgage-backed securities year-to-date. As a result, the Company did not recognize any other-than-temporary impairments on mortgage-backed securities due to an inability or lack of intent to retain the investment in the security for a period of time sufficient to recover the amortized cost basis, or where the present value of cash flows expected to be collected is less than the amortized cost basis of the security, as of September 30, 2010.

6) The Company did not have any impaired securities for which an other-than-temporary impairment has not been recognized in earnings as a realized loss as of September 30 2010.

7) The Company believes that it will collect all principal and interest due on all investments that have an amortized cost in excess of fair value.

E. No significant change.

F. No significant change.

G. No significant change.

### **Note 6 - Joint Ventures, Partnerships and Limited Liability Companies**

No significant change.

### **Note 7 - Investment Income**

No significant change.

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## NOTES TO FINANCIAL STATEMENTS

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### **Note 8 - Derivative Instruments**

No significant change.

### **Note 9 - Income Taxes**

The Company's net deferred tax asset decreased \$278,137 from December 31, 2009 as a result of the decrease in premium deficiency reserve (see Note 29). This change in net deferred income taxes had a corresponding impact on the current federal income tax provision.

### **Note 10 - Information Concerning Parent, Subsidiaries and Affiliates**

No significant change.

### **Note 11 - Debt**

No significant change.

### **Note 12 - Retirement Plans, Deferred Compensation, Postemployment Benefits and Compensated Absences and Other Postretirement Benefit Plans**

No significant change.

### **Note 13 - Capital and Surplus, Shareholders' Dividend Restrictions and Quasi-Reorganizations**

No significant change.

### **Note 14 - Contingencies**

No significant change.

### **Note 15 - Leases**

No significant change.

### **Note 16 - Information About Financial Instruments With Off-Balance Sheet Risk and Financial Instruments With Concentrations of Credit Risk**

No significant change.

### **Note 17 - Sale, Transfer and Servicing of Financial Assets and Extinguishments of Liabilities**

- A. The Company did not have any transfers of receivables reported as sales as of September 30, 2010 or December 31, 2009.
- B. The Company did not have any transfer and servicing of financial assets as of September 30, 2010 or December 31, 2009.
- C. No transactions involving wash sales of securities with a NAIC designation of 3 or below or unrated securities occurred during the year ended September 30, 2010 or December 31, 2009.

### **Note 18 - Gain or Loss to the Reporting Entity from Uninsured Plans and the Uninsured Portion of Partially Insured Plans**

No significant change.

### **Note 19 - Direct Premium Written/Produced by Managing General Agents/Third Party Administrators**

No significant change.

### **Note 20 - Other Items**

The Company did not renew Evercare contracts with the Centers for Medicare and Medicaid Services (CMS) in 2010. Premium income from members insured under Evercare for 2009 was 10.9% of net premium income.

### **Note 21 - Events Subsequent**

No significant change.

### **Note 22 - Reinsurance**

No significant change.

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## NOTES TO FINANCIAL STATEMENTS

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### **Note 23 - Retrospectively Rated Contracts & Contracts Subject to Redetermination**

The Company has Medicare business which is subject to a retrospective rating feature related to Part D premiums. The Company has estimated accrued retrospective premiums related to Part D premiums based on guidelines determined by the Center for Medicare and Medicaid Services. The formula is tiered and based on medical loss ratio. As of September 30, 2010, the amount of Part D premium subject to retrospective rating was approximately \$785,000 representing 4.52% of total net premiums written.

### **Note 24 - Change in Incurred Losses and Loss Adjustment Expenses**

Claim reserves as of December 31, 2009 were \$2,134,000. As of September 30, 2010, \$1,484,000 has been paid for incurred claims attributable to insured events of prior years. Reserves remaining for prior years are now \$111,000 as a result of re-estimation of unpaid claims. Therefore, there has been a \$539,000 favorable prior-year development since December 31, 2009 to September 30, 2010. The favorable development is generally the result of ongoing analysis of recent loss development trends. Original estimates are increased or decreased, as additional information becomes known regarding individual claims. Included in this decrease, the Company experienced \$1,000 of favorable prior year claim development on retrospectively rated policies. However, the business to which it relates is subject to premium adjustments.

### **Note 25 - Intercompany Pooling Arrangements**

No significant change.

### **Note 26 - Structured Settlements**

No significant change.

### **Note 27 - Health Care Receivables**

No significant change.

### **Note 28 - Participating Policies**

No significant change.

### **Note 29 - Premium Deficiency Reserves**

The Company recorded premium deficiency reserves of \$0 and \$722,000 respectively, as of September 30, 2010 and December 31, 2009. Premium deficiency reserves are included in aggregate health policy reserves in the accompanying statement of liabilities, capital and surplus. The Company did consider anticipated investment income when calculating premium deficiency reserves.

### **Note 30 – Anticipated Salvage and Subrogation**

No significant change.



GENERAL INTERROGATORIES

PART 1 - COMMON INTERROGATORIES

GENERAL

- 1.1

Did the reporting entity experience any material transactions requiring the filing of Disclosure of Material Transactions with the State of Domicile, as required by the Model Act?

Yes [ ] No [ X ]
- 1.2

If yes, has the report been filed with the domiciliary state?

Yes [ ] No [ ]
- 2.1

Has any change been made during the year of this statement in the charter, by-laws, articles of incorporation, or deed of settlement of the reporting entity?

Yes [ ] No [ X ]
- 2.2

If yes, date of change:
3.

Have there been any substantial changes in the organizational chart since the prior quarter end?  
If yes, complete the Schedule Y - Part 1 - organizational chart.

Yes [ X ] No [ ]
- 4.1

Has the reporting entity been a party to a merger or consolidation during the period covered by this statement?

Yes [ ] No [ X ]
- 4.2

If yes, provide the name of the entity, NAIC Company Code, and state of domicile (use two letter state abbreviation) for any entity that has ceased to exist as a result of the merger or consolidation.
- |                |                   |                   |
|----------------|-------------------|-------------------|
| 1              | 2                 | 3                 |
| Name of Entity | NAIC Company Code | State of Domicile |
|                |                   |                   |
5.

If the reporting entity is subject to a management agreement, including third-party administrator(s), managing general agent(s), attorney-in-fact, or similar agreement, have there been any significant changes regarding the terms of the agreement or principals involved?  
If yes, attach an explanation.

Yes [ ] No [ X ] N/A [ ]
- 6.1

State as of what date the latest financial examination of the reporting entity was made or is being made.

12/31/2008
- 6.2

State the as of date that the latest financial examination report became available from either the state of domicile or the reporting entity. This date should be the date of the examined balance sheet and not the date the report was completed or released.

12/31/2008
- 6.3

State as of what date the latest financial examination report became available to other states or the public from either the state of domicile or the reporting entity. This is the release date or completion date of the examination report and not the date of the examination (balance sheet date).

04/30/2010
- 6.4

By what department or departments?  
Arkansas Insurance Department
- 6.5

Have all financial statement adjustments within the latest financial examination report been accounted for in a subsequent financial statement filed with Departments?

Yes [ X ] No [ ] N/A [ ]
- 6.6

Have all of the recommendations within the latest financial examination report been complied with?

Yes [ X ] No [ ] N/A [ ]
- 7.1

Has this reporting entity had any Certificates of Authority, licenses or registrations (including corporate registration, if applicable) suspended or revoked by any governmental entity during the reporting period?

Yes [ ] No [ X ]
- 7.2

If yes, give full information:
- 8.1

Is the company a subsidiary of a bank holding company regulated by the Federal Reserve Board?

Yes [ ] No [ X ]
- 8.2

If response to 8.1 is yes, please identify the name of the bank holding company.
- 8.3

Is the company affiliated with one or more banks, thrifts or securities firms?

Yes [ X ] No [ ]
- 8.4

If response to 8.3 is yes, please provide below the names and location (city and state of the main office) of any affiliates regulated by a federal regulatory services agency [i.e. the Federal Reserve Board (FRB), the Office of the Comptroller of the Currency (OCC), the Office of Thrift Supervision (OTS), the Federal Deposit Insurance Corporation (FDIC) and the Securities Exchange Commission (SEC)] and identify the affiliate's primary federal regulator.

1	2	3	4	5	6	7
Affiliate Name	Location (City, State)	FRB	OCC	OTS	FDIC	SEC
OptumHealth Bank, Inc.	Salt Lake City, Utah	NO	NO	NO	YES	NO

GENERAL INTERROGATORIES

- 9.1

Are the senior officers (principal executive officer, principal financial officer, principal accounting officer or controller, or persons performing similar functions) of the reporting entity subject to a code of ethics, which includes the following standards? .....  
(a) Honest and ethical conduct, including the ethical handling of actual or apparent conflicts of interest between personal and professional relationships;  
(b) Full, fair, accurate, timely and understandable disclosure in the periodic reports required to be filed by the reporting entity;  
(c) Compliance with applicable governmental laws, rules and regulations;  
(d) The prompt internal reporting of violations to an appropriate person or persons identified in the code; and  
(e) Accountability for adherence to the code.

Yes [ X ] No [ ]
- 9.1.1

If the response to 9.1 is No, please explain:
- 9.2

Has the code of ethics for senior managers been amended? .....

Yes [ ] No [ X ]
- 9.2.1

If the response to 9.2 is Yes, provide information related to amendment(s).
- 9.3

Have any provisions of the code of ethics been waived for any of the specified officers? .....

Yes [ ] No [ X ]
- 9.3.1

If the response to 9.3 is Yes, provide the nature of any waiver(s).

FINANCIAL

- 10.1

Does the reporting entity report any amounts due from parent, subsidiaries or affiliates on Page 2 of this statement? .....

Yes [ X ] No [ ]
- 10.2

If yes, indicate any amounts receivable from parent included in the Page 2 amount: .....\$.....

0

INVESTMENT

- 11.1

Were any of the stocks, bonds, or other assets of the reporting entity loaned, placed under option agreement, or otherwise made available for use by another person? (Exclude securities under securities lending agreements.) .....

Yes [ ] No [ X ]
- 11.2

If yes, give full and complete information relating thereto:
12.

Amount of real estate and mortgages held in other invested assets in Schedule BA: .....

\$.....
13.

Amount of real estate and mortgages held in short-term investments: .....

\$.....
- 14.1

Does the reporting entity have any investments in parent, subsidiaries and affiliates? .....

Yes [ ] No [ X ]
- 14.2

If yes, please complete the following:
- |   | 1   | 2  |
|---|---|--|
|   | Prior Year-End<br>Book/Adjusted<br>Carrying Value | Current Quarter<br>Book/Adjusted<br>Carrying Value |
| 14.21 Bonds .....   | \$.....0  | \$.....  |
| 14.22 Preferred Stock .....   | \$.....0  | \$.....  |
| 14.23 Common Stock .....  | \$.....0  | \$.....  |
| 14.24 Short-Term Investments .....  | \$.....0  | \$.....  |
| 14.25 Mortgage Loans on Real Estate .....   | \$.....0  | \$.....  |
| 14.26 All Other .....   | \$.....0  | \$.....  |
| 14.27 Total Investment in Parent, Subsidiaries and Affiliates (Subtotal Lines 14.21 to 14.26) ..... | \$.....0  | \$.....0   |
| 14.28 Total Investment in Parent included in Lines 14.21 to 14.26 above .....                       | \$.....   | \$.....  |
- 15.1

Has the reporting entity entered into any hedging transactions reported on Schedule DB? .....

Yes [ ] No [ X ]
- 15.2

If yes, has a comprehensive description of the hedging program been made available to the domiciliary state? .....

Yes [ ] No [ ]
- If no, attach a description with this statement.

STATEMENT AS OF SEPTEMBER 30, 2010 OF THE UnitedHealthcare of Arkansas, Inc.

GENERAL INTERROGATORIES

16. Excluding items in Schedule E - Part 3 - Special Deposits, real estate, mortgage loans and investments held physically in the reporting entity's offices, vaults or safety deposit boxes, were all stocks, bonds and other securities, owned throughout the current year held pursuant to a custodial agreement with a qualified bank or trust company in accordance with Section 3, III Conducting Examinations, F - Custodial or Safekeeping Agreements of the NAIC Financial Condition Examiners Handbook? ..... Yes [ X ] No [ ]
- 16.1 For all agreements that comply with the requirements of the NAIC Financial Condition Examiners Handbook, complete the following:

1 Name of Custodian(s)	2 Custodian Address
Bank of New York Mellon .....	Global Liquidity Services, 1 Wall Street, 14th Floor, New York, NY 10286 .....

- 16.2 For all agreements that do not comply with the requirements of the NAIC Financial Condition Examiners Handbook, provide the name, location and a complete explanation:

1 Name(s)	2 Location(s)	3 Complete Explanation(s)

- 16.3 Have there been any changes, including name changes, in the custodian(s) identified in 16.1 during the current quarter? ..... Yes [ ] No [ X ]
- 16.4 If yes, give full information relating thereto:

1 Old Custodian	2 New Custodian	3 Date of Change	4 Reason

- 16.5 Identify all investment advisors, brokers/dealers or individuals acting on behalf of broker/dealers that have access to the investment accounts, handle securities and have authority to make investments on behalf of the reporting entity:

1 Central Registration Depository	2 Name(s)	3 Address
N/A .....	Internally Managed .....	N/A .....

- 17.1 Have all the filing requirements of the Purposes and Procedures Manual of the NAIC Securities Valuation Office been followed? ..... Yes [ X ] No [ ]
- 17.2 If no, list exceptions:

GENERAL INTERROGATORIES

PART 2 - HEALTH

1. Operating Percentages:
- 1.1 A&H loss percent

68.1 %
- 1.2 A&H cost containment percent

0.5 %
- 1.3 A&H expense percent excluding cost containment expenses

15.4 %
- 2.1 Do you act as a custodian for health savings accounts?

Yes [ ] No [ X ]
- 2.2 If yes, please provide the amount of custodial funds held as of the reporting date

\$
- 2.3 Do you act as an administrator for health savings accounts?

Yes [ ] No [ X ]
- 2.4 If yes, please provide the balance of the funds administered as of the reporting date

\$

STATEMENT AS OF SEPTEMBER 30, 2010 OF THE UnitedHealthcare of Arkansas, Inc.

## SCHEDULE S - CEDED REINSURANCE

Showing All New Reinsurance Treaties - Current Year to Date

1 NAIC Company Code	2  Federal ID Number	3  Effective Date	4  Name of Reinsurer	5  Location	6  Type of Reinsurance Ceded	7  Is Insurer Authorized? (Yes or No)
			NONE			

SCHEDULE T - PREMIUMS AND OTHER CONSIDERATIONS

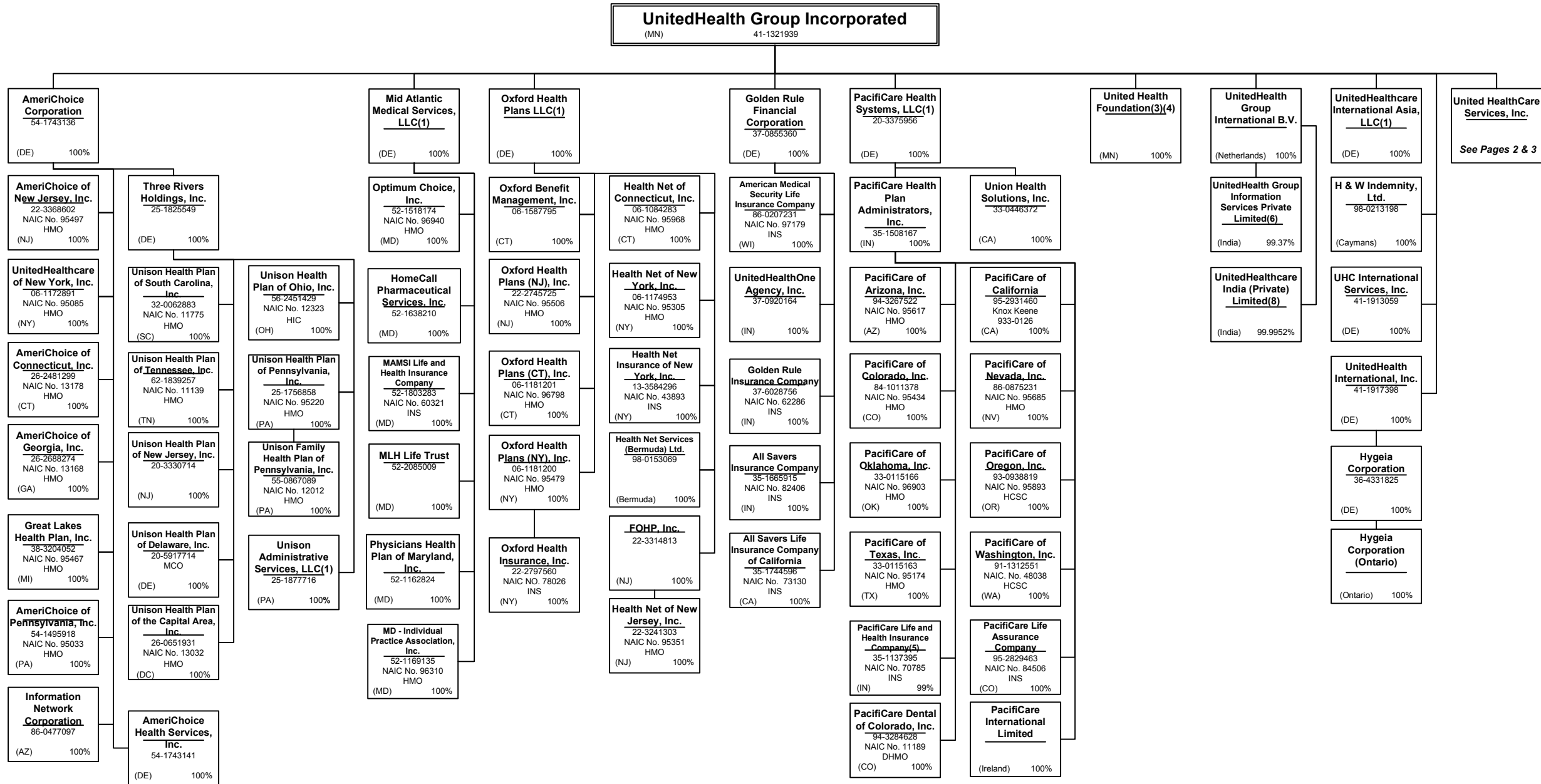
Current Year to Date - Allocated by States and Territories

		1	Direct Business Only							
			2	3	4	5	6	7	8	9
States, etc.		Active Status	Accident and Health Premiums	Medicare Title XVIII	Medicaid Title XIX	Federal Employees Health Benefits Program Premiums	Life and Annuity Premiums & Other Considerations	Property/ Casualty Premiums	Total Columns 2 Through 7	Deposit-Type Contracts
1.	Alabama .....	AL	N						.0	
2.	Alaska .....	AK	N						.0	
3.	Arizona .....	AZ	N						.0	
4.	Arkansas .....	AR	L	8,647,383	8,727,383				17,374,766	
5.	California .....	CA	N						.0	
6.	Colorado .....	CO	N						.0	
7.	Connecticut .....	CT	N						.0	
8.	Delaware .....	DE	N						.0	
9.	District of Columbia .....	DC	N						.0	
10.	Florida .....	FL	N						.0	
11.	Georgia .....	GA	N						.0	
12.	Hawaii .....	HI	N						.0	
13.	Idaho .....	ID	N						.0	
14.	Illinois .....	IL	N						.0	
15.	Indiana .....	IN	N						.0	
16.	Iowa .....	IA	N						.0	
17.	Kansas .....	KS	N						.0	
18.	Kentucky .....	KY	N						.0	
19.	Louisiana .....	LA	N						.0	
20.	Maine .....	ME	N						.0	
21.	Maryland .....	MD	N						.0	
22.	Massachusetts .....	MA	N						.0	
23.	Michigan .....	MI	N						.0	
24.	Minnesota .....	MN	N						.0	
25.	Mississippi .....	MS	N						.0	
26.	Missouri .....	MO	N						.0	
27.	Montana .....	MT	N						.0	
28.	Nebraska .....	NE	N						.0	
29.	Nevada .....	NV	N						.0	
30.	New Hampshire .....	NH	N						.0	
31.	New Jersey .....	NJ	N						.0	
32.	New Mexico .....	NM	N						.0	
33.	New York .....	NY	N						.0	
34.	North Carolina .....	NC	N						.0	
35.	North Dakota .....	ND	N						.0	
36.	Ohio .....	OH	N						.0	
37.	Oklahoma .....	OK	N						.0	
38.	Oregon .....	OR	N						.0	
39.	Pennsylvania .....	PA	N						.0	
40.	Rhode Island .....	RI	N						.0	
41.	South Carolina .....	SC	N						.0	
42.	South Dakota .....	SD	N						.0	
43.	Tennessee .....	TN	N						.0	
44.	Texas .....	TX	N						.0	
45.	Utah .....	UT	N						.0	
46.	Vermont .....	VT	N						.0	
47.	Virginia .....	VA	N						.0	
48.	Washington .....	WA	N						.0	
49.	West Virginia .....	WV	N						.0	
50.	Wisconsin .....	WI	N						.0	
51.	Wyoming .....	WY	N						.0	
52.	American Samoa .....	AS	N						.0	
53.	Guam .....	GU	N						.0	
54.	Puerto Rico .....	PR	N						.0	
55.	U.S. Virgin Islands .....	VI	N						.0	
56.	Nothern Mariana Islands .....	MP	N						.0	
57.	Canada .....	CN	N						.0	
58.	Aggregate Other Aliens .....	OT	XXX	.0	.0	.0	.0	.0	.0	.0
59.	Subtotal .....	XXX	8,647,383	8,727,383	.0	.0	.0	.0	17,374,766	.0
60.	Reporting Entity Contributions for Employee Benefit Plans .....	XXX							.0	
61.	Totals (Direct Business)	(a) 1	8,647,383	8,727,383	0	0	0	0	17,374,766	0
DETAILS OF WRITE-INS										
5801.	.....	XXX								
5802.	.....	XXX								
5803.	.....	XXX								
5898.	Summary of remaining write-ins for Line 58 from overflow page	XXX	.0	.0	.0	.0	.0	.0	.0	.0
5899.	Totals (Lines 5801 through 5803 plus 5898)(Line 58 above)	XXX	0	0	0	0	0	0	0	0

(L) Licensed or Chartered - Licensed Insurance Carrier or Domiciled RRG; (R) Registered - Non-domiciled RRGs; (Q) Qualified - Qualified or Accredited Reinsurer; (E) Eligible - Reporting Entities eligible or approved to write Surplus Lines in the state; (N) None of the above - Not allowed to write business in the state.  
(a) Insert the number of L responses except for Canada and Other Alien.  
Premiums allocated by state based upon Geographic Market.

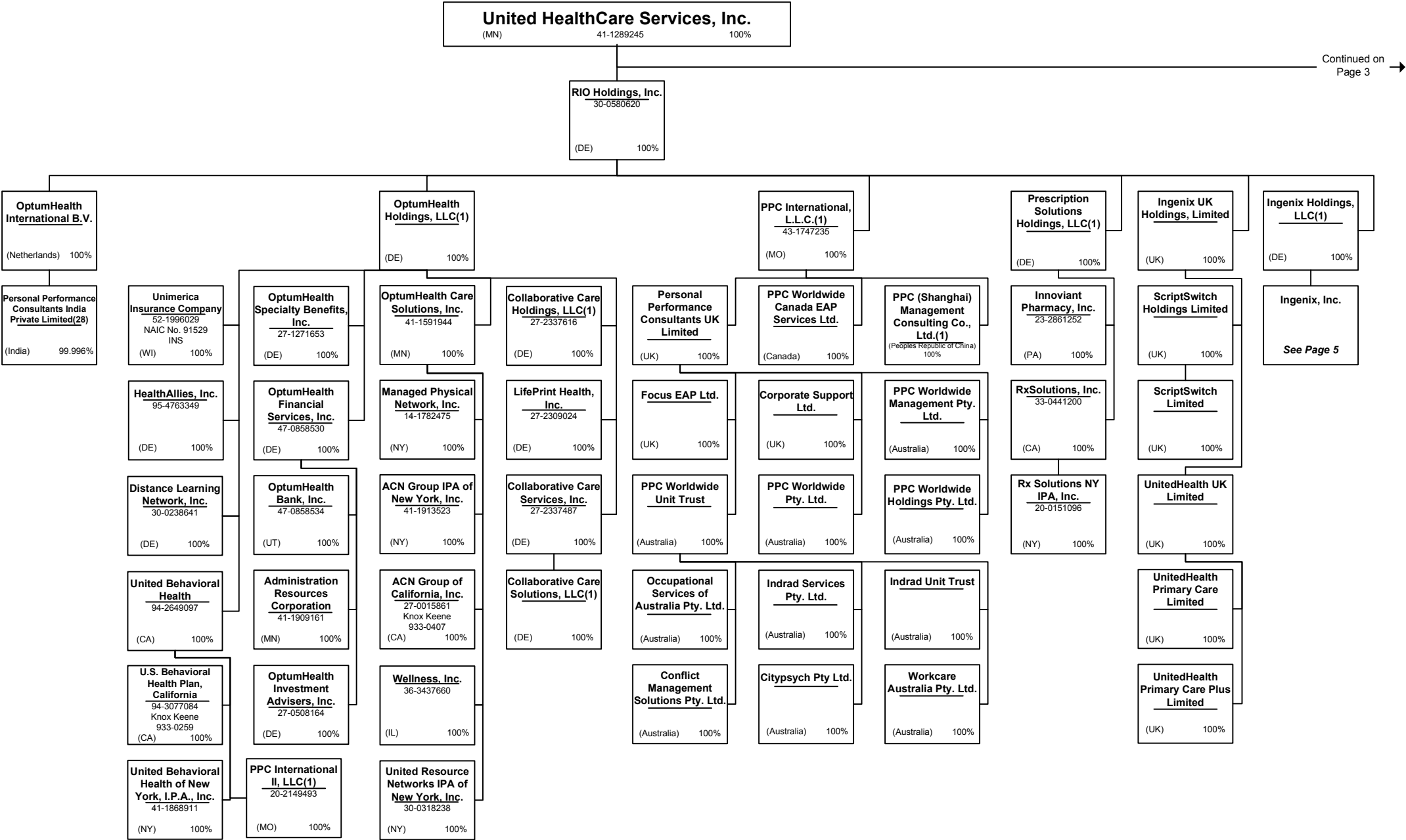
SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

15



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART

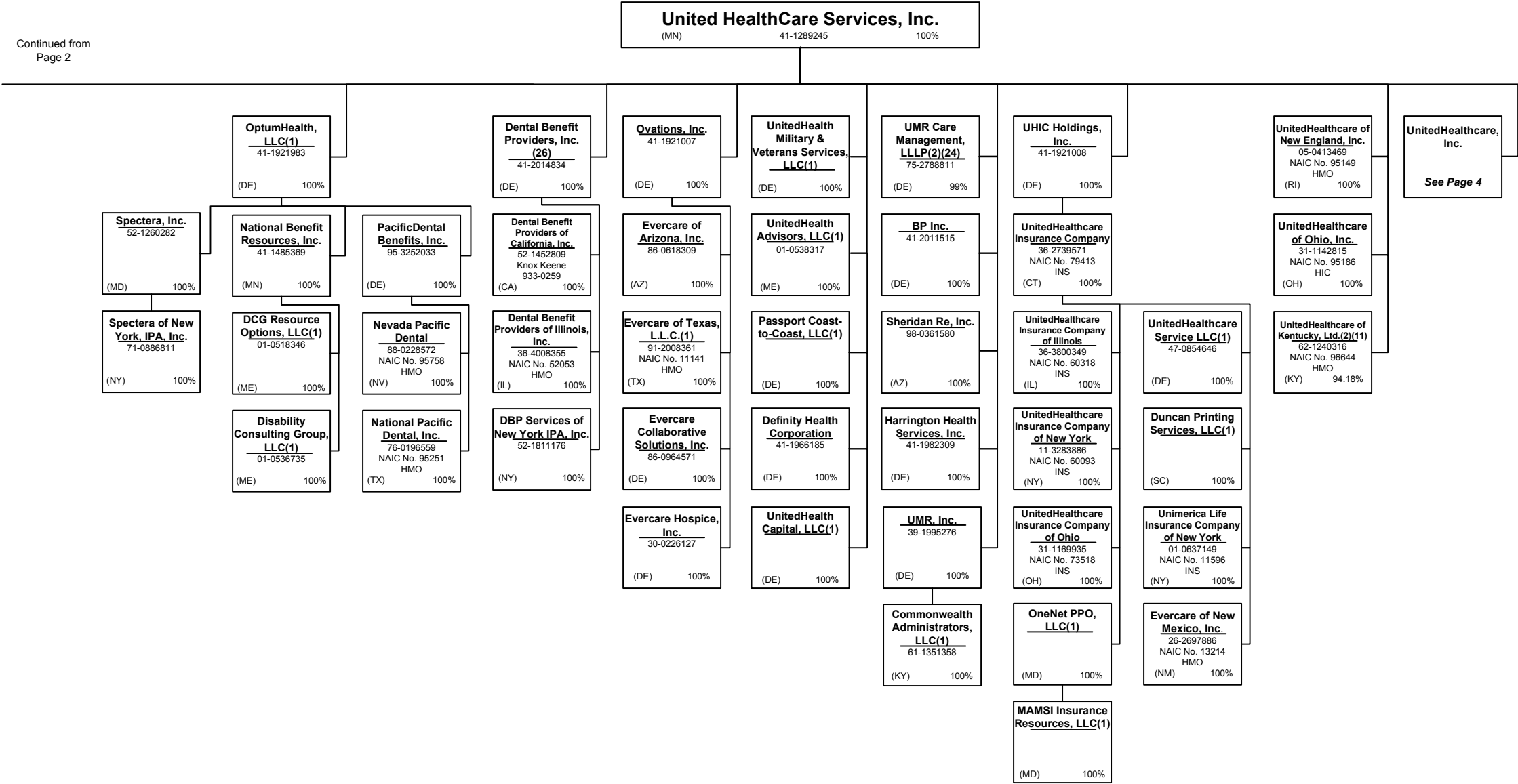


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Page 3 →

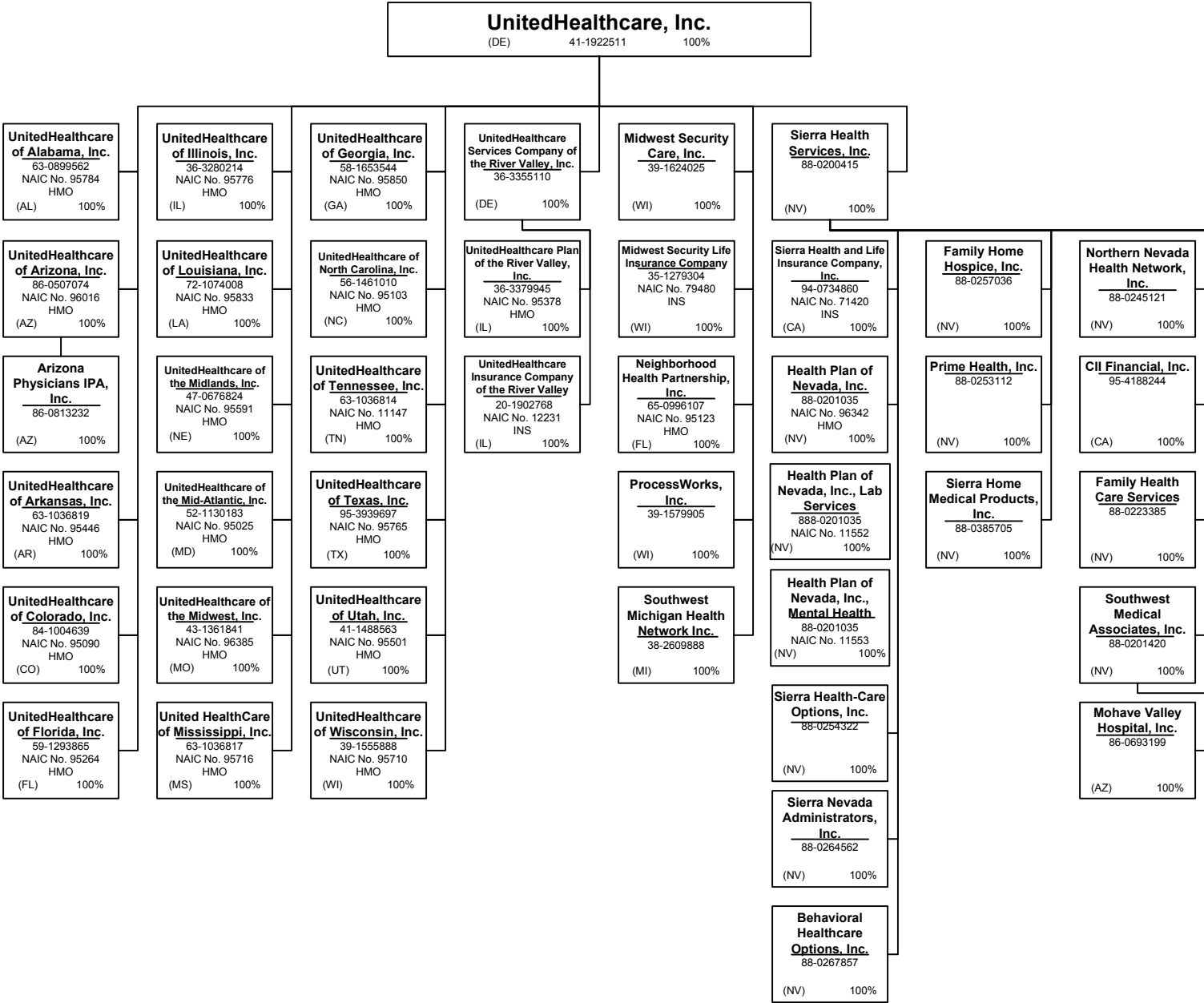


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

Continued from  
Page 2

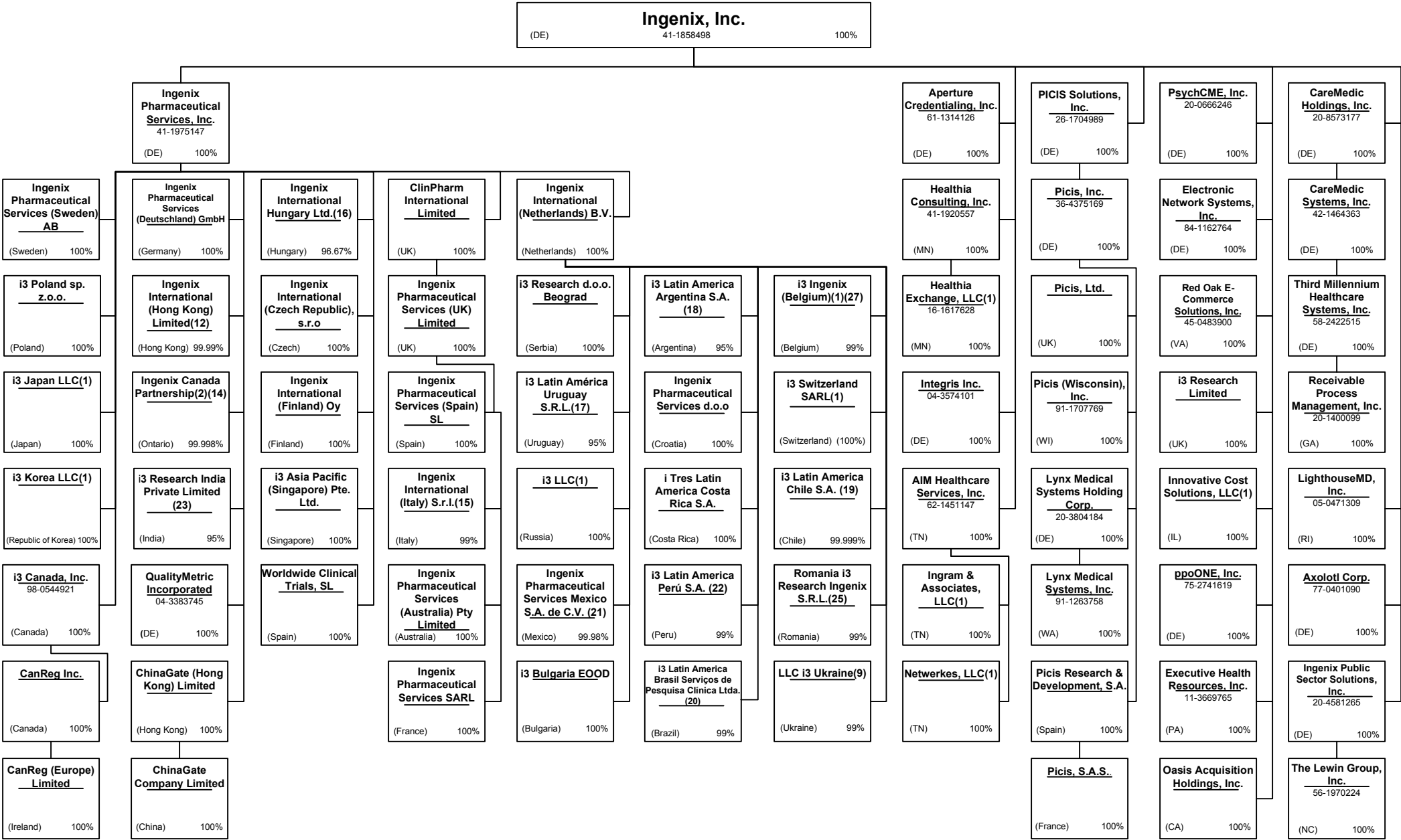


SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP

PART 1 - ORGANIZATIONAL CHART



SCHEDULE Y - INFORMATION CONCERNING ACTIVITIES OF INSURER MEMBERS OF A HOLDING COMPANY GROUP  
PART 1 - ORGANIZATIONAL CHART

Notes

All legal entities on the Organization Chart are Corporations unless otherwise indicated.

- (1) Entity is a Limited Liability Company
- (2) Entity is a Partnership
- (3) Entity is a Non-Profit Corporation
- (4) Control of the Foundation is based on sole membership, not the ownership of voting securities
- (5) PacifiCare Life and Health Insurance Company is 99% owned by PacifiCare Health Plan Administrators, Inc. and 1% owned by PacifiCare Health Systems, LLC
- (6) UnitedHealth Group Information Services Private Limited is 99.37% owned by UnitedHealth Group International B.V.. The remaining 0.63% is owned by UnitedHealth International, Inc.
- (7) Greater Phoenix Collaborative Care, P.C. is 49% owned by Collaborative Care Holdings, LLC and 51% owned by an individual shareholder. Collaborative Care Holdings, LLC has control via a succession agreement.
- (8) United Healthcare India (Private) Limited is 99.9952% owned by UnitedHealth Group International B.V. and 0.0048% owned by UnitedHealth International, Inc.
- (9) LLC i3 Ukraine is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services, Inc.
- (10) Placeholder
- (11) General partnership interests are held by United HealthCare Services, Inc. (89.77%) and by UnitedHealthcare, Inc. (10.23%). United HealthCare Services, Inc. also holds 100% of the limited partnership interests. When combining general and limited partner interests, United HealthCare Services, Inc. owns 94.18% and UnitedHealthcare, Inc. owns 5.83%.
- (12) Ingenix International (Hong Kong) Limited is 99.99% owned by Ingenix Pharmaceutical Services, Inc. and 0.01% owned by Ingenix, Inc.
- (13) Placeholder
- (14) Ingenix Canada Partnership is 99.998% owned by Ingenix Pharmaceutical Services, Inc. and 0.002% owned by Ingenix, Inc.
- (15) Ingenix International (Italy) S.r.l. is 99% owned by Ingenix Pharmaceutical Services (UK) Limited and 1% owned by Ingenix Pharmaceutical Services, Inc.
- (16) Ingenix International Hungary Ltd. is 96.67% owned by Ingenix Pharmaceutical Services, Inc. and 3.33% owned by Ingenix, Inc.
- (17) i3 Latin América Uruguay S.R.L. is 95% owned by Ingenix International (Netherlands) B.V. and 5% owned by Ingenix Pharmaceutical Services, Inc.

- (18) i3 Latin America Argentina S.A. is 95% owned by Ingenix International (Netherlands) B.V. and 5% owned by Ingenix Pharmaceutical Services, Inc.
- (19) i3 Latin America Chile S.A. is 99.9999% owned by Ingenix International (Netherlands) B.V. and 0.0001% owned by Ingenix Pharmaceutical Services, Inc.
- (20) i3 Latin America Brasil Serviços de Pesquisa Clínica Ltda. Is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services, Inc.
- (21) Ingenix Pharmaceutical Services Mexico S.A. de C.V. is 99.98% owned by Ingenix International (Netherlands) B.V. The remaining 0.02% is owned by i3 Latin America Argentina S.A..
- (22) i3 Latin America Perú S.A. is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by i3 Latin America Argentina S.A.
- (23) i3 Research India Private Limited is 95% owned by Ingenix Pharmaceutical Services, Inc. and 5% owned by Ingenix, Inc.
- (24) Limited partnership interest is held by United HealthCare Services, Inc. (99%). General partnership interest is held by UMR, Inc. (1%)
- (25) Romania i3 Research Ingenix S.R.L. is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services (UK) Limited
- (26) Dental Benefit Providers, Inc. is 99.999% owned by United HealthCare Services, Inc. and 0.001% owned by PacificDental Benefits, Inc.
- (27) i3 Ingenix (Belgium) is 99% owned by Ingenix International (Netherlands) B.V. and 1% owned by Ingenix Pharmaceutical Services, Inc.
- (28) Personal Performance Consultants India Private Limited is 99.996% owned by OptumHealth International B.V. and 0.004 % owned by United Behavioral Health.

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

Response

1. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC with this statement? .....

NO

Explanation:

1.

Bar Code:

1. Medicare Part D Coverage Supplement [Document Identifier 365]



**OVERFLOW PAGE FOR WRITE-INS**

SCHEDULE A - VERIFICATION

Real Estate

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Current year change in encumbrances .....		
4. Total gain (loss) on disposals .....		
5. Deduct amounts received on disposals .....		
6. Total foreign exchange change in book/adjusted carrying value .....		
7. Deduct current year's other than temporary impairment recognized .....		
8. Deduct current year's depreciation .....		
9. Book/adjusted carrying value at the end of current period (Lines 1+2+3+4-5+6-7-8) .....		
10. Deduct total nonadmitted amounts .....		
11. Statement value at end of current period (Line 9 minus Line 10)		

SCHEDULE B - VERIFICATION

Mortgage Loans

	1	2
	Year to Date	Prior Year Ended December 31
1. Book value/recorded investment excluding accrued interest, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and mortgage interest points and commitment fees .....		
9. Total foreign exchange change in book value/recorded investment excluding accrued interest .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book value/recorded investment excluding accrued interest at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Total valuation allowance .....		
13. Subtotal (Line 11 plus Line 12) .....		
14. Deduct total nonadmitted amounts .....		
15. Statement value at end of current period (Line 13 minus Line 14)		

SCHEDULE BA - VERIFICATION

Other Long-Term Invested Assets

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....		
2. Cost of acquired:		
2.1 Actual cost at time of acquisition .....		
2.2 Additional investment made after acquisition .....		
3. Capitalized deferred interest and other .....		
4. Accrual of discount .....		
5. Unrealized valuation increase (decrease) .....		
6. Total gain (loss) on disposals .....		
7. Deduct amounts received on disposals .....		
8. Deduct amortization of premium and depreciation .....		
9. Total foreign exchange change in book/adjusted carrying value .....		
10. Deduct current year's other than temporary impairment recognized .....		
11. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5+6-7-8+9-10) .....		
12. Deduct total nonadmitted amounts .....		
13. Statement value at end of current period (Line 11 minus Line 12)		

SCHEDULE D - VERIFICATION

Bonds and Stocks

	1	2
	Year to Date	Prior Year Ended December 31
1. Book/adjusted carrying value of bonds and stocks, December 31 of prior year .....	300,784	301,096
2. Cost of bonds and stocks acquired .....	0	
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	
6. Deduct consideration for bonds and stocks disposed of .....	0	
7. Deduct amortization of premium .....	252	312
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	300,532	300,784
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	300,532	300,784

STATEMENT AS OF SEPTEMBER 30, 2010 OF THE UnitedHealthcare of Arkansas, Inc.

SCHEDULE D - PART 1B

Showing the Acquisitions, Dispositions and Non-Trading Activity  
During the Current Quarter for all Bonds and Preferred Stock by Rating Class

	1 Book/Adjusted Carrying Value Beginning of Current Quarter	2 Acquisitions During Current Quarter	3 Dispositions During Current Quarter	4 Non-Trading Activity During Current Quarter	5 Book/Adjusted Carrying Value End of First Quarter	6 Book/Adjusted Carrying Value End of Second Quarter	7 Book/Adjusted Carrying Value End of Third Quarter	8 Book/Adjusted Carrying Value December 31 Prior Year
BONDS								
1. Class 1 (a) .....	2,051,280	4,430,864	4,394,688	(54)	2,151,331	2,051,280	2,087,402	1,895,173
2. Class 2 (a) .....	0	0	0	0	0	0	0	0
3. Class 3 (a) .....	0	0	0	0	0	0	0	0
4. Class 4 (a) .....	0	0	0	0	0	0	0	0
5. Class 5 (a) .....	0	0	0	0	0	0	0	0
6. Class 6 (a) .....	0	0	0	0	0	0	0	0
7. Total Bonds	2,051,280	4,430,864	4,394,688	(54)	2,151,331	2,051,280	2,087,402	1,895,173
PREFERRED STOCK								
8. Class 1 .....	0	0	0	0	0	0	0	0
9. Class 2 .....	0	0	0	0	0	0	0	0
10. Class 3 .....	0	0	0	0	0	0	0	0
11. Class 4 .....	0	0	0	0	0	0	0	0
12. Class 5 .....	0	0	0	0	0	0	0	0
13. Class 6 .....	0	0	0	0	0	0	0	0
14. Total Preferred Stock .....	0	0	0	0	0	0	0	0
15. Total Bonds and Preferred Stock	2,051,280	4,430,864	4,394,688	(54)	2,151,331	2,051,280	2,087,402	1,895,173

(a) Book/Adjusted Carrying Value column for the end of the current reporting period includes the following amount of non-rated short-term and cash equivalent bonds by NAIC designation: NAIC 1 \$ ..... ; NAIC 2 \$ ..... ; NAIC 3 \$ ..... ;  
NAIC 4 \$ ..... ; NAIC 5 \$ ..... ; NAIC 6 \$ .....



SCHEDULE DA - PART 1

Short-Term Investments

	1	2	3	4	5
	Book/Adjusted Carrying Value	Par Value	Actual Cost	Interest Collected Year-to-Date	Paid for Accrued Interest Year-to-Date
9199999 Totals	1,786,872	XXX	1,786,872	355	0

SCHEDULE DA - VERIFICATION

Short-Term Investments

	1	2
	Year To Date	Prior Year Ended December 31
1. Book/adjusted carrying value, December 31 of prior year .....	1,594,390	4,005,826
2. Cost of short-term investments acquired .....	13,845,334	19,767,551
3. Accrual of discount .....	0	0
4. Unrealized valuation increase (decrease) .....	0	0
5. Total gain (loss) on disposals .....	0	0
6. Deduct consideration received on disposals .....	13,652,852	22,178,988
7. Deduct amortization of premium .....	0	0
8. Total foreign exchange change in book/adjusted carrying value .....	0	0
9. Deduct current year's other than temporary impairment recognized .....	0	0
10. Book/adjusted carrying value at end of current period (Lines 1+2+3+4+5-6-7+8-9) .....	1,786,872	1,594,390
11. Deduct total nonadmitted amounts .....	0	0
12. Statement value at end of current period (Line 10 minus Line 11)	1,786,872	1,594,390

Schedule DB - Part A - Verification - Options, Caps, Floors, Collars, Swaps and Forwards  
**N O N E**

Schedule DB - Part B - Verification - Futures Contracts  
**N O N E**

Schedule DB - Part C - Section 1 - Replication (Synthetic Asset) Transactions (RSATs) Open  
**N O N E**

Schedule DB - Part C - Section 2 - Reconciliation of Replication (Synthetic Asset) Transactions Open  
**N O N E**

Schedule DB - Verification - Book/Adjusted Carrying Value, Fair Value and Potential Exposure of  
Derivatives  
**N O N E**

Schedule E - Verification - Cash Equivalents  
**N O N E**

Schedule A - Part 2 - Real Estate Acquired and Additions Made  
**N O N E**

Schedule A - Part 3 - Real Estate Disposed  
**N O N E**

Schedule B - Part 2 - Mortgage Loans Acquired  
**N O N E**

Schedule B - Part 3 - Mortgage Loans Disposed, Transferred or Repaid  
**N O N E**

Schedule BA - Part 2 - Other Long-Term Invested Assets Acquired  
**N O N E**

Schedule BA - Part 3 - Other Long-Term Invested Assets Disposed, Transferred or Repaid  
**N O N E**

Schedule D - Part 3 - Long-Term Bonds and Stocks Acquired  
**N O N E**

Schedule D - Part 4 - Long-Term Bonds and Stocks Sold, Redeemed or Otherwise Disposed Of  
**N O N E**

Schedule DB - Part A - Section 1 - Options, Caps, Floors, Collars, Swaps and Forwards Open  
**N O N E**

Schedule DB - Part B - Section 1 - Futures Contracts Open  
**N O N E**

Schedule DB - Part B - Section 1B - Brokers with whom cash deposits have been made  
**N O N E**

Schedule DB - Part D - Counterparty Exposure for Derivative Instruments Open  
**N O N E**

## SCHEDULE E - PART 1 - CASH

[illegible]

Schedule E - Part 2 - Cash Equivalents - Investments Owned End of Current Quarter  
**N O N E**